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Geriatric Research Education Clinical Center

GRECC

Forum on Aging

Newsletter

VA Puget Sound Health Care System
Seattle & American Lake Divisions

JAMES F. BURRIS, MD, NAMED CHIEF CONSULTANT FOR GERIATRICS & EXTENDED CARE

The Veterans Health Administration (VHA) is pleased to announce the appointment of James Frederick Burris, MD, FACP, FACC, as the Chief Consultant for Geriatrics and Extended Care. In this position, Dr. Burris administers a wide variety of programs in geriatrics and extended care and consults on geriatric education and aging research issues. VA's geriatric and extended care programs include nursing home and domiciliary care, home-based primary care, geriatric evaluation and management, and Geriatric Research, Education, and Clinical Centers (GRECCs).



James F. Burris, MD

Dr. Burris completed his undergraduate degree, AB and ScB in Biology, at Brown University in Providence, R.I. He received his MD degree from the College of Physicians and Surgeons of Columbia University in New York City. Following his residency in Internal Medicine at Georgetown University Medical Center in Washington, DC, he went on to complete a Fellowship in Hypertension at the Veterans Administration Medical Center in Washington, DC. He holds a faculty appointment at Georgetown University School of Medicine as Clinical Professor of Medicine and Pharmacology.

Dr. Burris began a lifelong tradition of service at a young age by being awarded the Eagle Scout rank by the Boy Scouts of America. He continues affiliation with scouting today in the capacity of Assistant Scoutmaster for a troop in the National Capital Area Council. He has served as a General Medical Officer in the Commissioned Corps of the United States Public Health Service. He maintains membership and leadership positions in a variety of professional organizations including the American College of Physicians, American Heart Association, Association of American Medical Colleges, American Board of Clinical Pharmacology, American College of Clinical Pharmacology, American Society for Clinical Pharmacology and Therapeutics, and the American Geriatrics Society. He has served on numerous editorial boards including Cardiovascular Horizons, the Journal of the American Geriatrics Society, the Journal of Clinical Pharmacology, and Clinical Pharmacology and Therapeutics.

Georgetown University Medical Center has been a central part of his career where he began as a staff physician in internal medicine. He had held several positions for the medical center including Director, Continuing Professional Education, Assistant Dean for Sponsored Research, and Associate Dean for Research Operations.

He has a very successful research career that includes a variety of important works concerning mechanisms for and treatments of hypertension. He is well published and oft cited in leading medical jour-

nals. In addition he contributes to the body of literature with reviews, case reports, editorials, and book chapters.

Dr. Burris has a distinguished career within the VHA that began with a fellowship in the late seventies and was followed by a stint as a staff physician in geriatrics. He returned to VHA as the Deputy Chief Research and Development Officer in 1997. He most recently served as Acting Chief Research and Development Office (8/02-1/03).

The GRECC Forum on Aging Newsletter extends a warm welcome to Dr. Burris

NATIONAL STAND DOWN FOR VA HUMAN SUBJECTS RESEARCH

Recent issues and incidents concerning the protection of human subjects involved in interventional research studies have had the potential to put research subjects at risk. While these incidents are exceptions to what is otherwise an outstanding human subjects research program, those practices will not be tolerated. A 90-day national VA human subjects research stand down is therefore in effect from March 10-June 6, 2003. For the purposes of this activity, a stand down does NOT mean that research activities will cease, but that attention will be focused on proactively reviewing the human subject program to ensure all is being done to protect human subjects and conduct ethical research.

Within the time frame of the stand down, at any site conducting human

studies research, the Medical Center Director, Chief of Staff, and Associate Chief of Staff for Research (ACOS/R) (or a comparable person, if the hospital does not have an ACOS/R) will review the operations of the Institutional Review Board (IRB) and the Research & Development (R&D) Committee. They will attest to compliance with at least the minimal level required by the Common Rule and M-3 Part 1, Chapters 2,3, and 9 to the Deputy Under Secretaries of Health and Health for Operations & Management for the VA. These requirements include that the IRB and R&D Committees are appropriately constituted and meet on a regular enough basis to provide timely review and oversight of new and continuing protocols and review of Adverse Events and Serious Adverse Events.

All investigators, research coordinators, and research assistants involved in human studies research and all members of the Research Office, all members of the R&D Committee, and all members and staff of a VA IRB, exclusive of secretarial support, will complete an educational course or a web-based course on the protection of human research subjects, as well as Good Clinical Practice (GCP). If the University affiliate provides the VA IRB function, the affiliate will be encouraged to participate in these educational activities. Investigators who can document completion of these courses in the past year will not be required to re-take this training at this time. All individuals subject to this policy will now be required to update their training annually. VA investigators may use the National Cancer Institute's web-based course on Human Participants Protections Education for Research Teams. ORD is developing a computer-based training in GCP. CD-ROMS will be provided to any site that does not have Internet access.

Any research personnel who perform independent clinical activities (judgment based independent of the research protocol) as part of their research activities will be allowed to conduct such activities only if they

are credentialed and privileged to provide those activities on patients by the standard credentialing and privileging process of the facility (e.g. doctors, clinical psychologists). All such individuals whether compensated or on a WOC appointment will be credentialed through VetPro. All other individuals involved in human studies research, whether a licensed Title 38 individual, such as a nurse, or a Title 5 employee; and whether the individual receives VA compensation or is without compensation (WOC) will have their credentials confirmed, a scope of practice established and a record of such maintained and available for review. Licensed individuals will have their license(s) confirmed yearly. Facilities will create a database of all WOC employees involved in human studies research to facilitate the regular checking of these individuals against exclusionary lists.

All investigators involved in human studies research will be notified that IF they conduct research without IRB approval, it will affect their standing in the VA. Principal Investigators (PI) will be held responsible for ethical breaches in the conduct of their research and these problems may affect the PI's ability to do research with the VA in the future. The steps outlined above will enable the VA to identify and correct any problems in human subjects research programs, help to properly educate and train researchers, and ensure the protection of the veterans who participate in investigative trials.

BIRMINGHAM/ATLANTA GRECC-VISN 7

The Birmingham/Atlanta GRECC is composed of three separate but integrated components: research, education, and clinical care. The mission of the Geriatric Research, Education and Clinical Center (GRECC) is to improve the capability of the VA health care delivery system to provide services that are effective and appropriate in meeting the medical, psychological, and social needs of older veterans. This is accomplished through: research focusing genito-urinary and mobility disorders; education of health per-

sonnel, veterans, and their families about the principles of high quality geriatric care; and the development and evaluation of models of clinical service for eligible older veterans.

The GRECC director is Richard M. Allman, MD. Associate Directors are Kathryn Burgio, PhD/for Research; Patricia Goode, MD/Clinical Programs' and Lesa Woodby, PhD/Education and Evaluation. Theodore Johnson, MD MPH, is Director of the Atlanta division; his colleagues are Dale Strasser, MD/Research; Richard V. Sims, MD, Medical Director, Fall Prevention and Mobility Clinic; Claire Peel, PhD PT Director Fall Prevention and Mobility Clinic; Marcas Bamman, PhD, Director Muscle Research Laboratory; Carol Griffin, MD, Director, Outpatient Palliative Medicine Program; Joseph Ouslander, MD, GRECC Investigator; Michael O'Grady, MD, GRECC Investigator; David Redden, PhD, Biostatistician; and Catarina Kiefe, MD, PhD, Director, Data and Analysis Core. GRECC affiliated investigators include Tanya Miszko, EdD, CSCS; Pamela A. Parmelee, PhD; and Vincent Kenneth Ramsey, PhD, CSCS, DAV.



Richard M. Allman, MD

The GRECC research component seeks to establish scientific excellence with an integrated program of biomedical, clinical, and outcome-based research related to improving treatment of genito-urinary disorders and loss of mobility in the elderly. The ultimate goal is to develop and test interventions to improve and maintain function and thereby improve quality of life for the veteran population. Currently funded projects include: Mobility Among Older African Americans and Whites (NIH); Clinical and Behavioral Training in Gerontology (NIH); Perioperative Pelvic Floor Rehab; A Randomized Trial (NIH); Muscle Plasticity with Resistance Training and Detraining in Older Adults (NIH); Treatment of Persistent Postprostatectomy Incontinence (NIH); Transferring Behavioral

Research into Nursing Home Practice (NIH); Environmental Interventions to Reduce NH Noise at Night (NIH); Team Functioning and Patient Outcomes- an RCT in Process Improvement (VA Merit); Enhancing Conservative Treatment for Urge Incontinence (VA Merit); Improving Mobility in Older Veteran Drivers: A Clinical Trial (VA Merit); Effects of Functional Incidental Training (FIT) in VA NHCU Residents (VA Merit); Development Center for Evaluation and Research in Patient Safety in Long-Term Care (AHRQ); Improving Urinary Incontinence for Physically Impaired Patients (VA-Pilot); Rehabilitation for Older Adults Recovering from Acute Medical Conditions (VA-Pilot); Multicomponent Intervention for Nocturia in Men (VA-Pilot); Effect of BTX-A Plus Evidence-Based Behavioral Therapy on Motor Recovery (VA-Special Program); Southeast Center of Excellence in Geriatric Medicine (Hartford Foundation); Long-Term Outcomes of Pharmacotherapy for Overactive Bladder (ALZA); Development and Validation of Quality of Life Measures in Geriatric Nocturia (Private Foundation); Southeast Consortium for Long-Term Care Quality (Pharmacia); Electronic Database for Long Term Care Quality (Eli Lilly); Sleep and Incontinence (Kimberly Clark); GRECC Research Cores: Data and Analysis Core and Muscle Research Laboratory; VISN7 GRECC/Geriatric and Extended Care (GEC) Pilot Grant Program.

The education program goals are to become a specialized education and training, research, and service dissemination asset focusing on genito-urinary and mobility disorders, to serve as a network geriatric education and training resource, to provide and enhance patient and family education efforts connected with the VISN's GEC clinical programs and GRECC clinical demonstration projects, and to provide public education to raise awareness of geriatric care issues and approaches. Specific education and training projects include continence education programs, scientific seminars and conferences, mentorship program, newsletter and website.

Clinical demonstration programs are to develop innovative, patient-focused models of geriatric care that maximize the quality of life and functional independence of older veterans, to integrate and coordinate these models of geriatric clinical care into primary care delivery systems, including home-based care, to support GRECC research programs, especially maintaining clinical data sets that support health services research, and to provide clinical sites for trainees in multiple health care disciplines to facilitate dissemination of new clinical models and methodologies throughout VISN 7 and the VA system. Services include outpatient continence clinics, home-based continence program, nursing home continence program, and mobility and functional assessment service.

LITTLE ROCK RESEARCH UPDATE

An interdisciplinary research group including Little Rock GRECC investigators Drs. Robert Shmookler Reis (Program Director) and Joan McEwen, has been awarded a \$5.1 million, 5-year Program Project grant by the National Institute on Aging for the study of interventions that slow aging in animal models, using comparative metabolic profiling. Their colleagues from UAMS/CAVHS include Drs. Piotr Zimniak (Associate P.D.), Helen Benes, John Thaden, Craig Cooney, and their respective research teams.

They propose to study metabolic and damage-defense mechanisms underlying longevity differences, produced by genetic or dietary modifications, in each of four diverse species. They will then seek common patterns among these species that indicate general principles governing life span—thus providing an understanding of aging mechanisms, and potential interventions, which should apply to all animals including human beings.

The group scored the best of all proposals considered by NIA over the last year (0.0 percentile), and also was recommended to receive one of the largest NIA grants ever awarded for basic research. Even after

administrative budget cuts and omission of one of the larger projects (formally excised from the PO1 for technical reasons, but funded separately as an RO1 and remaining an integral part of the PPG), the new funding is more than \$5.1M over 5 years, and has already stimulated additional grant requests to expand on the initial objectives. The proposed work has important long-term implications for healthcare of the elderly and prevention or postponement of age-related diseases including cancer, stroke, heart disease, and dementias.

FINDING WAYS TO BEST HELP OLDER AMERICANS

Lessons Learned at the Roybal Centers for Applied Gerontology

How can the lives of older persons be improved? What services and resources work well? What strategies are best for promoting independence, reducing physical vulnerability, and easing psychological distress? In other words, what works for the aging population, why does it work, and with whom does it work best?

Researchers working through the Edward R. Roybal Centers for Applied Gerontology, established one decade ago by the National Institute on Aging, have attempted to answer these issues. The March 2003 special issue of *The Gerontologist* presents the key problems researchers faced and how they were addressed in their efforts to translate theory and basic research into practical outcomes for older adults. Guest editors for this special issue were Karl Pillemer of Cornell University, Sara Czaja of the University of Miami, and Richard Schulz of the University of Pittsburgh.

Karlene Ball and Virginia Wadley of the University of Alabama and Daniel Roenker of Western Kentucky University argue that field research offers the best opportunity for ecological validity. In their study they draw examples from ongoing,

longitudinal Roybal Center study of driving competence that is being conducted in Department of Motor Vehicles field sites. They also argue that assessing Useful Field of Vision (UFOV) and its relationship to driving competence provides a good illustration that research can accomplish both theoretical and applied goals. "On the basis of . . . preliminary data from the large-scale Maryland study we have evidence that UFOV is highly predictive of crash involvement in older drivers."

The study by Sara J. Czaja and Joseph Sharit of the University of Miami shows how aging and performance of real-world computer-based work tasks are used to provide information about human performance that can be translated into solutions for real-world problems.

Karl Pillemer, J. Jill Suitor of Louisiana State University, and Elaine Wethington of Cornell University demonstrate that attention to theory and basic research can shed light on the effects of family care giving and can lead to creative intervention designs. Pillemer and his colleagues noted that "collaboration between researchers and clinicians" who specialize in diagnosing and treating aging-related problems can ultimately bring about a balance between social scientists' attention to theory and the grounded experience of human needs provided by practitioners.

One of the reasons some groups are underrepresented in health promotion research is because it is difficult to recruit and retain volunteers from these groups. Jan Warren-Findlow, Thomas R. Prohaska, and David Freedman of the University of Illinois at Chicago look at strategies for increasing participant recruitment and retention. They argue that program design decisions can significantly influence the participation of underrepresented populations in exercise health promotion programs for older African Americans. "Using African American staff, recruiting in African American settings, providing facilities in the local community, and tailoring the program

content" are effective tools in health promotion research.

The Roybal Centers have given particular emphasis to widespread dissemination of information to practice audiences. However, it is also true that the results of interventions are often underutilized, and practitioners may be unaware that programs exist that could be useful to their clients. Marianne Farkas, Alan M. Jette, Sharon Tennstedt, Stephen M. Haley, and Virginia Quinn of the Roybal Center for the Enhancement of Late Life Functioning at Boston University look at dissemination and utilization goals. They argue that a strategic approach that includes exposure, experience, expertise and embedding are necessary for successful dissemination efforts.

Finally, an underlying premise of the Roybal Centers is that interventions should be grounded in theory and basic research findings. In reality, however, the connections between theory, research, and interventions are often tenuous. Scott C. Brown and Denise C. Park of the Edward R. Roybal Center on Aging and Cognition at the University of Michigan provide an example of the benefits of making such connections within the field of cognitive science. They demonstrate how theories and mechanisms of cognitive aging provide fertile ground for investigation of issues such as how adults process medical information and how medical behavior like taking medication can be improved.

VA COMPLETES LAND PURCHASES FOR PITTSBURGH NATIONAL CEMETERY

The Department of Veterans Affairs (VA) has completed the purchase of two land parcels totaling 292 acres in Washington County, PA, near Pittsburgh, for a national cemetery, Secretary of Veterans Affairs Anthony J. Principi announced.

The purchase involves a 136-acre tract, purchased for \$1.76 million, that will be developed along with a 156-acre parcel bought in

December 2002 for \$2.3 million. VA plans to open a small portion of the cemetery for burials in late 2004.

About 19,000 grave spaces will be available when the cemetery's first phase of construction is completed in 2006.

"The Pittsburgh area has been on VA's priority list for building a much needed national cemetery to serve the veterans of southwestern Pennsylvania," Principi said. "We're happy to have this beautiful land to convert this goal to reality in a relatively short time."

Located 12 miles south of downtown Pittsburgh, the cemetery will serve about 323,000 veterans living within 75 miles. The area covers 13 counties in southwestern Pennsylvania and three in West Virginia.

VA's 2003 budget includes \$16 million to build the cemetery. A local architectural and engineering firm, Marshall-Tyler-Rausch, is developing a master plan for the facility's design and VA hopes to award a construction contract in early 2004.

VA chose the property over numerous other sites in the area due to its highway access, topography, size and proximity to Pittsburgh. An environmental assessment determined that there were no major problems with mine subsidence, wetlands, availability of utilities, compatibility with surrounding land uses or other physical properties.

VA plans to hold a public ceremony in Washington County marking the completion of the purchase.

Nationwide, VA operates 120 national cemeteries, of which 61 have casket gravesites currently available. All veterans with discharge other than dishonorable, their spouses and dependent children are eligible for burial in VA national cemeteries. Information on VA burial benefits can be obtained from national cemetery offices, from a VA web site on the Internet at <http://www.cem.va.gov> or by calling VA regional offices toll-free at 1-800-827-1000.

VA TEACHES DISABLED VETERANS TO SKI

Approximately 350 disabled veterans skied the Rocky Mountain 17th Annual Disabled Veterans Winter Sports Clinic in Snowmass Village at Aspen, CO.

This rehabilitation program was open to all U.S. military veterans with spinal cord injuries, certain neurological conditions, orthopedic amputations, visual impairments or others who receive care at any Department of Veterans Affairs (VA) facility.

Sponsored by VA and the Disabled American Veterans (DAV), the clinic is hosted by Grand Junction (Colo.) VA Medical Center and VA's Rocky Mountain Network.

At the clinic, disabled veterans learn adaptive Alpine and Nordic skiing, and are introduced to a variety of other adaptive activities and sports, such as rock climbing, snowmobiling and sled hockey.

"VA is committed to providing disabled veterans the rehabilitation they need to lead rewarding lives," said Secretary of Veterans Affairs Anthony J. Principi. "Their courage to overcome life's obstacles and soar above their physical limitations is an inspiration".

Known as "Miracles on a Mountainside," the National Disabled Veterans Winter Program shows that the lives of disabled veterans can be changed forever when they discover extraordinary challenges they can overcome.

"The Winter Sports Clinic conveys our compassionate commitment to never forget that our military men and women have fought and continue to fight as they overcome disabilities," said DAV National Commander Edward R. Heath, SR. Since 1991, DAV has sponsored the event with VA.

As National Honorary Chairperson for VA's National Rehabilitation Special Event, Bo Derek shares this commitment, helping to spread the good news about VA's programs and bringing visibility to the courageous veterans who participate in them.

Also at the Clinic this year was U.S. Surgeon General Vice Admiral Richard Carmona.

VA is a recognized leader in rehabilitation, with recreational therapy programs and hospitals. DAV is a nonprofit, congressionally chartered veterans service organization with membership of more than one million wartime disabled veterans.

VA AWARDS \$11 MILLION TO MAINE VETERANS HOMES

The Department of Veterans Affairs has awarded three grants totaling \$11 million to the state of Maine for major improvements at the Maine Veterans' Homes in Bangor and Caribou.

"These grants reflect the federal-state partnership that is honoring our commitment to the men and women who have served in uniform," said Secretary of Veterans Affairs Anthony Principi. "These partnerships allow more veterans to receive the respect and care they have earned."

The grants include \$2.9 million for a new 30-bed domiciliary in Caribou; \$5.5 million 30-bed domiciliary care unit and renovations to an existing 120-bed nursing home and \$2.6 million to construct a 30-bed domiciliary in Bangor.

Maine now has five state-run facilities – Augusta, Bangor, Caribou, Scarborough and Paris – with nearly 500 beds for the state's veterans, spouses and survivors. The Maine veterans' homes were established in 1977. Information about the Maine Veterans' Homes can be found on the Internet at <http://www.maineveteranshomes.org/> or by calling (206) 622-0075.

VA'S ELECTRONIC HEALTH RECORDS SYSTEM PUSHING NATIONAL STANDARDS

Secretary of Veterans Affairs Anthony J. Principi and Secretary of

Health and Human Services (HHS) Tommy G. Thompson recently announced an initiative to adopt uniform national standards throughout the federal government for electronic health records based on standards already used by VA.

The Department of Veterans Affairs, which operates the largest integrated healthcare system in the country, has long been in the vanguard of developing and using electronic health care records. The Institute of Medicine called VA's electronic records system one of the best in the nation.

"VA is a national leader in the development and use of computerized patient records", said Principi. "I am proud that the health information technology and standards developed by VA to improve health care for veterans will benefit all Americans, from newborn babies to senior citizens."

This initiative, officially called Consolidated Health Informatics, also involves the Department of Defense and a number of other federal agencies that use health care information. It is one of many initiatives being undertaken government-wide as part of the President's E-Gov initiative.

Patient records in VA's electronic health system, called "VistA," are fully electronic portable and readily accessible. VA developed the electronic record system to provide a single place for health care providers to review and update a patient's health record and order medications, special procedures, X-rays, nursing orders, diets and laboratory tests.

All aspects of a patient's record are integrated, including active problems, allergies, current medications, laboratory results, vital signs, hospitalizations and outpatient clinic history. All electronic records are password protected to guarantee patient privacy.

The use of VistA, the electronic health record system, has improved the quality of care and patient safety in VA medical facilities.

Other features of the electronic health record system include:

- A checking system to alert clinicians if an order they are entering could cause a problem.
- A notification system that immediately alerts clinicians to clinically significant events.
- A patient posting system that alerts health care providers to issues specifically related to the patient, including crisis notes, adverse reactions and advance directives
- Templates to automatically create reports;
- A clinical reminder system that electronically alerts clinicians that certain actions such as examinations, immunizations, patient education and laboratory tests need to be performed; and
- Remote data view to allow clinicians to see the patient's medical history to all VA facilities where the patient was seen.

In 2001, VA decided to adopt existing national health information standards for all its facilities to improve the electronic health record system and to implement a health data repository. Additionally, for many years VA has collaborated with the Department of Defense, HHS and standards development organizations to identify, develop and promote adoption of national health information standards.

VA GRANT AWARDS \$3.4 MILLION TO OKLAHOMA STATE VETERANS HOME

The Department of Veterans Affairs has awarded a grant for more \$3.4 million to Oklahoma for renovations to the Oklahoma Veterans Center in Norman.

"This grant reflects the federal-state partnership that is honoring our commitment to care for the men and women who have served in uniform," said Secretary of Veterans Affairs Anthony J. Principi. "These partner-

ships allow more veterans to receive the respect and care they have earned."

The grant will pay up to 65 percent of the cost to make safety improvements at the nursing care facility. The overall cost of the project is approximately \$5.2 million.

The veterans' home in Norman is a 239,000 sq. foot, 301-bed facility that

provides medical, nursing and rehabilitative services to eligible Oklahoma veterans. It opened in November 1996 to serve both male and female Oklahoma Wartime Veterans.

Information about the Norman Veterans Center and other Oklahoma veterans' can be found on the Internet at <http://www.odva.state.ok.us/> or calling 405-521-3684.

UPDATES

April 23, 2003: "Best Practices in the Continuum of Care: Patient Safety Issues". To be held at the Double Tree Hotel, Little Rock, AR. Sponsored by the Little Rock GRECC, the Arkansas Geriatric Education Center, and the Reynolds Center on Aging. For program details contact www.littlerock-grecc.org or 501 661 7962.

May 14-18, 2003: The American Geriatrics Society's Annual Meeting will be held at the Hyatt Regency Baltimore and Baltimore Convention Center. Exhibit dates are May 15-16, 2003. For more information, contact the AGS at 212 308 1414, FAX 212 832 8646 or email www.americangeriatrics.org

May 17-22, 2003: The American Psychiatric Association 56th Annual Meeting, Moscone Center, San Francisco, CA. For more information, please contact the APA 1000 Wilson Blvd., Suite 1825, Arlington, VA 22209-3901. Phone: 888 35 PSYCH. Web site: www.psych.org

June 6-9, 2003: The American Aging Association 32nd Annual Meeting. To be held in Baltimore, MD at the Harbor Court Hotel. For more information, contact the Association, phone: 610 627 2626, fax:

610 565 9647. E-mail: ameraging@aol.com or web www.americanaging.org

June 19-21, 2003: 5th Annual U.S. Geriatric & Long-Term Care Congress Conference and Exhibition. To be held at the San Francisco Hilton, San Francisco, CA. For more information, please visit www.geri-congress.com

July 10-12, 2003: International Academy on Nutrition and Aging 2nd International Meeting, held at Sheraton Old Town, Albuquerque, NM. For more information, please contact the University of New Mexico Health Services Center Office of Continuing Medical Education, Albuquerque, NM 87131-5126.

November 21-25, 2003: 56th Annual Meeting of the Gerontological Society of America, "Our Future Selves: Research, Education and Services for Early Development and Childhood in an Aging Society." To be held in San Diego, California. For more information, contact the GSA at www.geron.org

All facilities in the VA system are invited to submit news items for the GRECC Forum on Aging Newsletter.

Newsletter

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